

PTO/SB/18 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

Zip Code

Date

Fax

29,915

(314) 345-6060

Attorney Docket No. 15135.6 UTILITY First Named Inventor | Soundararajan, Rengarajan PATENT APPLICATION COMPOSITION AND METHODS FOR SHIELDING TRANSMITTAL RADIOACTIVITY UTILIZING POLYMER IMMOBILIZED RADIOACTIVE WASTE (Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. | EL388607737US ADDRESS TO: APPLICATION ELEMENTS Box Patent Application See MPEP chapter 1500 concerning design patent application contents Assitant Commissioner for Patents Washington, DC 20231 CD-ROM or CD-R in duplicate, large table or Computer Fee Transmission Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee processing) Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission \boxtimes Applicant claims small entity status. 2. See 37 CFR 1 27 (If applicable, all necessary) 3. \boxtimes Specification [Total Pages 54] Computer Readable Form (CRF) (preferred arrangement set forth below, MPEP 1503 01) Specification Sequence Listing on: Descriptive title of the invention CD-ROM or CD-R (2 copies); or Cross References to Related Applications paper Statement Regarding Fed sponsored R&D Statements verifying identity of above copies Reference to sequence listing, a table, or a computer ACCOMPANYING APPLICATION PARTS Program listing appendix Assignment Papers (cover sheet & document(s)) Background of the Invention ☐ 37 CFR 3.73(b) Statement 10 □ Power of Attorney Brief Summary of the Invention (when there is an assignee) Brief Description of the Drawings (if filed) Detailed Description 11. English Translation Document (if applicable) Claim(s) ☐ Copies of IDS Abstract of the Disclosure (IDS)/PTO-1449 Citations Drawings(37 CFR 1.152) [Total Sheets 7] \boxtimes Oath or Declaration [Total Pages 2] 13. Preliminary Amendment a. Newly executed (original or copy) Return Receipt Postcard (MPEP 503) Copy from a prior application (37 CFR 1.63(d)) (Should be specifically itemized) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) 15. Certified Copy of Priority Document(s) Signed statement attached deleting (if foreign priority is claimed) Inventor(s) named in the prior application, see 37 CFR 1 63(d)(2) and 1.33(b) Request and Certification under 35 U.S.C. 122 Application Data Sheet. See 37 CFR 1.76 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Check in the amount of \$40.00 for Assignment fee 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) of prior application No.: _ Continuation Divisional Examiner Group Art Unit: Prior application information: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the diclosure of the accompanying continuation or divisional application and is hereby incorported by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts 19. CORRECTION OF THE DRESS (Insert Customer ode label here) Customer Number or Bar Code Label

Burden Hour Statement: This formus estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231.

Missouri

(314) 345-6000

Registration No.

(Attorney/Agent)

State

Telephone

STLD01-833848-1

Name

Address

County

Signature

City

Samuel Digirolamo

St. Louis

USA

Name (Print/Type) Samuel Digirolamo

Blackwell Sanders Peper Martin LLP 720 Olive Street, Suite 2400

I.F

113

PTO/SB/17 (12/99)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office. U.S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

(\$) 2,692.00

TOTAL AMOUNT OF PAYMENT

		Complete if Known				
	Application Number	Not Yet Known				
	Filing Date	FILED HEREWITH				
	First Named Inventor	Soundararajan, Rengarajan				
	Examiner Name	Not Yet Known Not Yet Known				
-	Group Art Unit					
	Attorney Docket No.	15135.6				

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)						
1. The Commissioner is hereby authorized to charge					3. ADDITIONAL FEES						
indica	ated fees and cr	edit any overpayments	to:	Large Fee	Entity Fee	Small Fee		tity			
Deposit Account		11-0160		Code	(\$)	Code	Fee (\$)		Fee Paid		
Number				105	130	205	65	Surcharge - last filing fee or oath	1		
Deposit Account	BLACKWELL	SANDERS PEPER MARTIN	LLP	127	50	227	25	Surcharge - late provisional filing fee or cover sheet			
Name				139	130	139	130	Non-English specification			
Charge Any Additional Fee Required					2,520	147	2,520	For filing a request for ex parte reexamination			
Under 37 CFR §§ 1.16 and 1.17					920*	112	920*	Requesting publication of SIR prior to Examiner action			
Applicant claims small entity status. See 37 CFR 1.27.					1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
2. 🛛 Payment Enclosed:					110	215	55	Extension for reply within first month			
⊠ Checl	k 🗌 Credit car	d Money Other		116	390	216	195	Extension for reply within second month			
	TEE CA	Order		117	890	217	445	Extension for reply within third month			
1 7 107		LCULATION		118	1,390	218		Extension for reply within fourth month			
1. BASIC	C FILING]	FEE		128	1,890	228		Extension for reply within fifth month			
Fee Fee	Fee Fee	Fee Description Fe	e Paid	119	310	219		Notice of Appeal			
Code (\$) 101 710	Code (\$) 201 355	Utility filing fee	355	120	310	220		Filing a brief in support of an appeal			
106 320	206 160	Design filing fee		121	270	221					
i				138				Request for oral hearing			
107 490	207 245	Plant filing fee		140	1,510	138		Petition to institute a public use proceeding			
108 710	208 355	Reissue filing fee		ŀ	110	240		Petition to revive – unavoidable			
114 150	214 75	Provisional filing fee		141	1,240	241		Petition to revive – unintentional	<u> </u>		
				142	1,240	242		Utility issue fee (or reissue)			
	SUBTOTAL	(1) (\$) 355 00		143	440	243		Design issue fee			
2. EXT	RA CLAIM	T DEEC		144	600	244	300	Plant issue fee	<u> </u>		
Z. EAI	KA CLAIIV	I FEES Fee from		122	130	122	130	Petitions to the Commissioner			
Total Claims		Extra Claims below	Fee Paid	123	50	123	50	Processing fee under 37 CFR 1 17(q)			
Ĺ	-20**=	113 x 900	1017.	126	180	126		Submission of Information Disclosure Stmt			
Independent Claims Multiple	35 -3**=	32 x 40 00	2297	581	40	581		Recording each patent assignment per property (times number of properties)	40 00		
Dependent ** or number pr		ater For Reissues, see below	= 2291	146	710	246		Filing a submission after final rejection (37 CFR § 1 129(a))			
	Small Entity Fee Fee Code (\$)	Fee Description		149	710	249		For each additional invention to be examined (37 CFR § 1.129(b))			
` `		O1		179	710	279	355 I	Request for Continued Examination (RCE)			
103 18 102 80		Claims in excess of 20 Independent claims in excess o	f3	169	900	169		Request for expedited examination of a design application			
104 270		fultiple dependent claim, if no			e (specify) _						
109 80	209 40 *	** Reissue independent claims	over	Other fee	e (specify						
original patent ** Reissue claims in excess of 20 and over original patent SUBTOTAL 2 (\$) 2,297 00					*Reduced by Basic Filing Fee Paid (\$) 2,692 00						
											**or number i
SUBMITTED BY Complete (if applicable)											
Name (Print/T	ype)	Samuel Digirolamo		egistration		915 1	elephone	(314) 345-6000			
			, (A	Attorney/A	gent	_					
Signature Date /FEB 0/											